1450. Dated: July 11, 2007 Docket No.: 1235(203284) (PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Joel Habener et al.

Application No.: 09/963,875

Filed: September 26, 2001

For: STEM CELLS OF THE ISLETS OF LANGERHANS AND THEIR USE IN

TREATING DIABETES MELLITUS

Confirmation No.: 9674

Art Unit: 1644

Examiner: M. A. Belyavskyi

## TRANSMITTAL LETTER

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the abovereferenced Patent Application:

- 1. Fee Transmittal (1 page);
- 2. Request for RCE Transmittal;
- 3. Amendment and Response to Office Action;
- 4. Exhibits A through K;
- 5. Declaration Under 37 CFR 1.132 By Joel F. Habener, M.D.; and
- 6. Declaration Under 37 CFR 1.132 by Gordon C. Weir, M.D.

Please charge our Deposit Account No. 04-1105 in the amount of \$395.00 covering the required fees. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with

any paper hereafter filed in this application by this firm) to our Deposit Account No. 04-1105, under Order No. 1235(203284). A duplicate copy of this paper is enclosed.

Dated: July 11, 2007

Respectfully submitted,

Elizabeth Spar

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Kathleen M. Williams

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**EDWARDS ANGELL PALMER & DODGE** 

Docket No.: 1235(203284)

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PTO/SB/17 (06-07)
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL		Complete if Known				
				09/963,875-Conf. #9674		
		Filing Date	iling Date September 26, 2001			
For FY 2007		First Named Inv	entor	Joel Habener		
				M. A. Belyavskyi		
X Applicant claims small entity status. See 37 CFR 1.27	7 111 01111		1644			
TOTAL AMOUNT OF PAYMENT (\$) 395.00		Attorney Docket No. 12		1235(203284)		
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING FEES SEARCH FEES EXAMINATION FEES						
Application Type Fee (\$) Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility 300 150	500	250	200	100		
Design 200 100	100	50	130	65		
Plant 200 100	300	150	160	80		
Reissue 300 150	500	250	600	300		
Provisional 200 100	0	0	0	0		
2. EXCESS CLAIM FEES	v	v	U	V		Small Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)				200	100	
Multiple dependent claims					360	180
Total Claims	Paid (\$)	<b>Multiple Dependent Claims</b>				
-20 = x =			Fee (\$)		Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.	Fac F	aniel (C)				_
Indep. Claims Extra Claims Fee (\$)	reer	Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 = /50 = (round <b>up</b> to a whole number) x						
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)						
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00						
SUBMITTED BY						
Signature 81.2 Auch	1	Registration No.	45,123	Tologhana	(647) 40	0.4444
Name (Print/Type) Elizabeth Spar		(Attorney/Agent)	40,123	Telephone	(617) 43	
I ( ) PO/ LIZADELI SPAI	Name (Print/Type) Elizabeth Spar Date July 11, 2007					

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EM053196057US, on the date shown below in an envelope addressed to:

MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 11, 2007 Signature: (Andrea MacVarish)